

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <i>(FOR USE WITH FORM PTO-875)</i>							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.	19		8				TOTAL DEP.						
TOTAL CLAIMS	20		40				TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/650194

FILING DATE

8/29/08

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		3				
5		(1)				
6		(1)				
7		(1)				
8		(1)				
9		(1)				
10		(4)				
11		(1)				
12		(1)				
13	1					
14		1				
15		1				
16		(1)				
17		3				
18		(1)				
19			1			
20				1		
21				2		
22				2		
23			1			
24				1		
25				2		
26				2		
27			1			
28				1		
29				2		
30				2		
31			1			
32				1		
33				2		
34				2		
35			1			
36				1		
37				2		
38				2		
39			1			
40				1		
41				2		
42				2		
43			1			
44				1		
45				2		
46				2		
47			1			
48				1		
49				2		
50				2		
TOTAL IND.		2		8		
TOTAL DEP.		20		40		
TOTAL CLAIMS		22		48		

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								